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Firm Name (if applicable)		Rossi Kimms & McDowell LLP							
Signature		/Marc A. Rossi/							
Name of person submitting request		Marc A. Rossi					18 August 2010		
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Please a	associate th	e following practitioner registrat ner Number form attached.	tion number(s) with the Custon	ner Number assigned to the A	Address cited on			
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